

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|----------------|-----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7/25/05</u> | | 2 Serial/Patent # <u>09/873,455</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Petition <u>1453</u> | <u>7</u> | <u>6/24/05</u> | \$ <u>1500.</u> | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>1500.</u> | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> | | | 0 | 7 | -- | 1 | 4 | 4 | 5 |
| 0 | 7 | -- | 1 | 4 | 4 | 5 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Duplicate Payment | | | | | | | | | | |
| | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>IRVING DINGLE</u> | | TITLE: <u>PARALEGAL</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>571-272-3210</u> | | | | | | | | | |
| OFFICE: <u>Revisions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>7/26/05</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B